

REQUEST FOR PAYMENT (*REIMBURSEMENT*) FORM INSTRUCTIONS
LIBRARY SERVICES AND TECHNOLOGY ACT – PL 108-81, AS AMENDED
FFY05 PROGRAM FUNDS – SOUTH CAROLINA STATE LIBRARY
SUBMIT ONE COPY TO LSTA COORDINATOR

- I. **Sub-Grant Project Title.** Indicate the title you have given to your project. (*State Library LSTA funding categories should not be used as project titles.*)
- II. **Name, Address telephone number and E-mail** of (a) Applicant (b) Project Administrator (c) Fiscal Officer (**NOTE:** *Applicant is the library, agency, organization or other qualifying institution submitting the proposal.*)
- Sub-grantee Name:** This is the name of the entity receiving the grant indicated on the Award Notice.
- Date:** This is the date of the award indicated on the Award Notice.
- Project Administrator, Phone, E-mail:** This is the staff member that is responsible for managing the project on a day-to-day basis, responsible for preparing reports, and serving as the project contact person. Notify State Library of any changes.
- Fiscal Officer, Phone, E-mail:** This is the staff member responsible for financial records of the project on a day-to-day basis and who serves as the contact person on financial matters. The Project Administrator and the Fiscal Officer may be the same in some situations.
- III. **Total Award:** Indicate the budget (LSTA funds only) as granted or as changed per an officially approved request for a budget revision.
- IV. **Funds Expended to Date:** Indicate the total amount (LSTA funds only) expended as of the date the Request for Payment is submitted.
- V. **Reimbursement Received to Date:** Indicate the total amount of LSTA funds already received from the State Library as reimbursement payments.
- VI. **Advance Received to Date:** Indicate the total amount of LSTA funds already received from the State Library as advance (NOT reimbursement) payments.
- VII. **Total Amount Requested:** Indicate the total amount of LSTA funds needed for reimbursement from the State Library. This should be Funds Expended to Date (minus) - Reimbursement Received to date - (minus) Advance Received to date.
- VIII. **Signature:** Request for Payment (reimbursement) must be signed by the library director, the project administrator or the fiscal officer.
- IX. **Title:** Indicate the title of the individual signing the form.
- X. **Date:** The date the individual signed the form.

DOCUMENTATION OF EXPENDITURE

To be submitted with "Request for Payment (reimbursement) Form"

Copies of the invoices, which have been approved for payment by the Library director, the program manager, or the fiscal officer. Contracts and/or signed letters of agreement may be acceptable in lieu of invoices. Credit card receipts are not acceptable.

Invoices: Invoices must be legible and include:

Invoice Date and Invoice Number
Clear description of goods and/or services provided
Quantity and unit cost
Total amount of the invoices with all applicable shipping & handling charges
Budget category and amount charged to LSTA funds.

Approval for Payment: Includes initialed and dated notation such as:

RECEIVED IN GOOD CONDITION AND
APPROVED FOR PAYMENT: _____ (initials/signature)
DATE: _____ (date)